

Do you have a friend you would like to be in a group with?

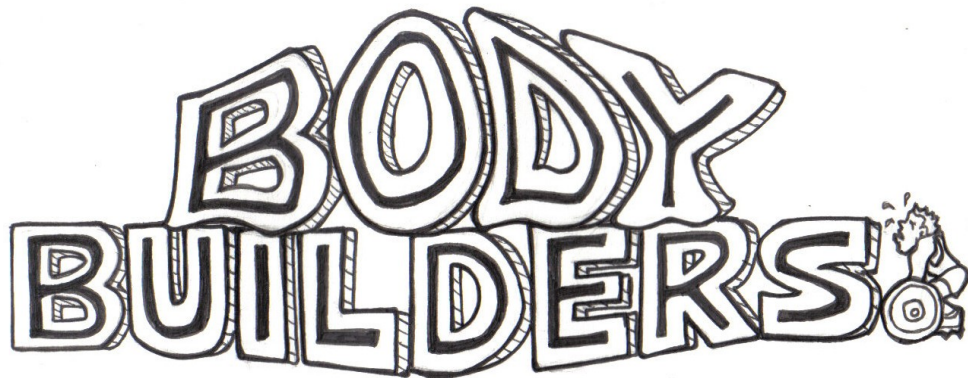
If so what is their name?

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Please leave valuables and money at home, as we cannot be responsible for their security.

Please tick box if you **do not** agree to having photos / videos made of your child, which may be used in the local press

Your details will be stored on a database and we may occasionally contact you to tell you about Church events & activities that we think may be of interest to you. We will not pass your details on to any other organisation. If you **don't** want to receive any more information from us please tick the box.



Come along to

BODY BUILDERS

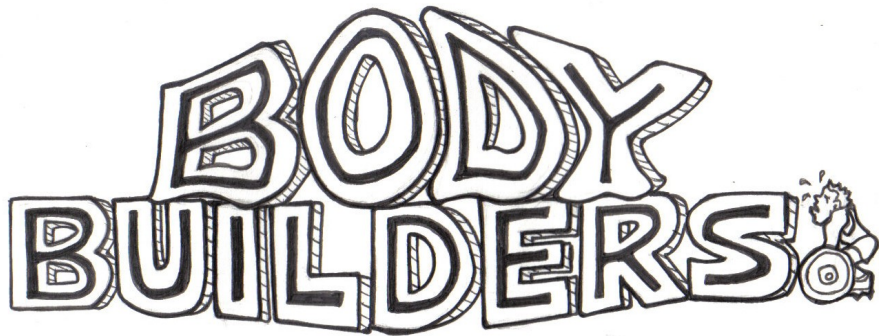
HOLIDAY CLUB

@ Whitton Baptist Church
Mon 21st - Thurs 24th Feb

10am - 12noon



Run by...  **WhittonbaptistChurch**
Transforming lives for the glory of God



Body Builders Holiday club is a church run holiday club for all children in primary school, Reception to year 6. We will have lots of fun, imagining that we all belong to a gym! Bring your children to come and meet the characters of our very own gym soap opera, acted out live by the teenagers of the church! Your children will also join in with games, crafts, Bible stories and keep fit with Emily and Hannah doing funky moves!!

Just bring your children along to Whitton Baptist church (behind Aldi) every morning from Monday 21st to Thursday 24th February, 10am-12noon. To guarantee your child a place, please complete the registration form and either post to 209 Highfield Road, IP1 6DH, drop it into the church or hand it in to the office at Whitton School by Friday 18th February. Alternatively bring the form along on the first day.

If you have any queries please telephone Wendy Mason on 01473 434695.

Registration Form

I give permission for my child to attend **Body Builders Holiday Club**

Full name.....

Address.....

Home/ contact telephone number.....

Date of Birth..... School year.....

School.....

Name and telephone number of GP.....

Details of any special needs , including allergies and medication

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In the unlikely event of illness or an accident, I give permission for any necessary medical treatment to be administered by the nominated first aider, or by suitably qualified medical practitioners. Should my child require emergency hospital treatment, I authorise an adult leader to sign on my behalf any written form of consent required by the hospital if I cannot be contacted. I understand that every effort will be made to contact me as soon as possible.

I confirm the above details are correct to the best of my knowledge.

Signature.....
(Parent/ Guardian)

Date.....

P.T.O